

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
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17						
18						
19						
20						
21	1					
22		1				
23		2				
24		1				
25		1				
26		2				
27		1				
28		1				
29		1				
30		1				
31		2				
32		2				
33		2				
34		2				
35		2				
36	1					
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		1				
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
52												
53												
54												
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62	1											
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												